

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1645

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 38644-197852								
<table border="1"> <tr><td colspan="2">In re Application of Lyon et al.</td></tr> <tr><td colspan="2">Application Number 10/057,532 Filed January 25, 2002</td></tr> <tr><td colspan="2">For Recombinant P. Falciparum Merozoite Protein-Ig_2 Vaccine</td></tr> <tr> <td>Group Art Unit 1645</td> <td>Examiner P. Baskar</td> </tr> </table>			In re Application of Lyon et al.		Application Number 10/057,532 Filed January 25, 2002		For Recombinant P. Falciparum Merozoite Protein- Ig_2 Vaccine		Group Art Unit 1645	Examiner P. Baskar
In re Application of Lyon et al.										
Application Number 10/057,532 Filed January 25, 2002										
For Recombinant P. Falciparum Merozoite Protein- Ig_2 Vaccine										
Group Art Unit 1645	Examiner P. Baskar									

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>210-380</u> (referencing WRAIR 01-20 (38644-197852)).	

RECEIVED

MAR 08 2004

\$ _____
\$420.00
\$ _____
\$ _____
\$ _____
\$ _____

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record.
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 1, 2004

Date

C. L. Hobbs

Signature

Ann S. Hobbs, Ph. D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.



SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

03/04/2004 JBALINAN 00000048 210380 10057532

01 FC:1252

420.00 DA

BEST AVAILABLE COPY